

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037059

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2677

FILED SEP 25 1962

## 1. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CLAYTONLength of stay in 1b  
DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITALInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where-deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY ST LOUIS

c. CITY  
OR TOWN ST ANNInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3231 KREMReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ossilia Hodge

## 4. DATE OF DEATH

Month

Day

Year

9 - 14 - 62

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-27-1892

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

## 10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

## 11. BIRTHPLACE (City and state or country)

ST LOUIS MO

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

HENRY BISCHOFF

## 13b. MOTHER'S MAIDEN NAME

Sophia REXHAUSEN

## 14. NAME OF HUSBAND OR WIFE

LEO M. HODGE SR (DEAD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

10

## 17. INFORMANT

Address

LEO M. HODGE 3231 KREM

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive Heart Failure

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Atherosclerosis / Heart Disease

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-10-62 to 9-14-62 and last saw her alive on 9-14-62  
Death occurred at 6:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. H. H. M. D.

## 22b. ADDRESS

601 So. Brentwood  
Clayton 5, Mo.

## 22c. DATE SIGNED

9/15/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

9-16-62

## 23c. NAME OF CEMETERY OR CREMATORY

NEW ST MARCUS

## 23d. LOCATION (City, town, or county)

ST LOUIS

## 23e. STATE

MO

## 24. FUNERAL DIRECTOR

## ADDRESS

Earl Hillman

overland 142m

## 25. DATE RECD. BY LOCAL REG.

9-15-62

## 26. REGISTRAR'S SIGNATURE

J. B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/591460.2  
24014

3

4 1

5 2

6

7 0

8 0

9 4200

10

11

12 45.0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Allen

Licensed Embalmer No. 3501

P. O. Address Oseiland N. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.